



teacher training registration form

Class registering for:

200hr Weekend Intensives: ☐ Spring _____ (Year) ☐ Fall _____ (Year)

300hr Deep Level Wellness & Yoga Leadership: ☐ Fall 2016 (You will be contacted by email to set up a telephone interview, and mailed addition essay questions)

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Home phone: _____ Work phone: _____

Emergency contact information

Name: _____ Phone: _____

Current yoga practice (taking classes, home practice, videos): _____

How long have you been studying and practicing yoga? (Please mention any teachers or workshops)

Please share your motivation for wanting to teach yoga: _____

What training or experience in your background might you draw on as a yoga teacher (university or medical degree, massage background, teaching experience, fitness or dance instructor, etc.)? _____

Check the area of most interest to you in this training:

Learning asanas (alignment, etc.)

Meditation techniques

Pranayama (breath work)

Business (liability insurance, marketing)

Anatomy/physiology

Yoga history, philosophy

Learning to work with a group

Increase general knowledge

I understand that participation in this activity is completely voluntary. I hereby waive and release Sun Moon Studios, its employees and instructors of any liability in case of an accident. I know as part of Sun Moon teacher training I may be photographed. I give my consent to use these photos for Sun Moon promotional purposes. I have filled out and signed the health history form on the back.

Signature: _____ Date: _____



health history form

Name: _____

Sex: M F

Are you taking any medications or drugs? Yes No If Yes, what? _____

Does your physician know you are participating in this teacher training? Yes No

Describe your current physical yoga practice (e.g. inversions, headstands, back bend): _____

Do you now, or have you had in the past:

YES

NO

1. History of heart problems, chest pain or stroke.
2. Increased blood pressure.
3. Any chronic illness or condition.
4. Difficulty with physical exercise.
5. Advice from physician not to exercise.
6. Recent surgery (last 12 months).
7. Pregnancy (now or within last 3 months).
8. History of breathing or lung problems.
9. Muscle, joint, or back disorder.
10. Diabetes or thyroid condition.
11. Cigarette smoking habit.
12. Obesity (more than 20 percent over ideal body weight).
13. Increased blood cholesterol.
14. History of heart problems in immediate family.
15. Hernia, or a condition that might be aggravated by weights.

If you responded yes to any of the above questions, please list the number of the question and explain below:

Signature: _____

Date: _____